U.S. DEPARTMENT OF COMMERCE Economics and Statistics Administration U.S. CENSUS BUREAU



FORM

SA-623A

DUE DATE

NOTICE — Your report to the Census Bureau is **confidential** by law (Title 13, U.S. Code). It may be seen only by persons sworn to uphold the confidentiality of Census Bureau information and may be used only for statistical purposes. The law also provides that copies retained in your files are **immune from legal process**.

RETURN COMPLETED FORM TO



U.S. CENSUS BUREAU 1201 East 10th Street Jeffersonville, IN 47132-0001

Any questions call 1-800-772-7851 weekdays, 8:30 a.m. to 5:00 p.m. EST

2003 SERVICE ANNUAL SURVEY

NURSING AND RESIDENTIAL CARE FACILITIES

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(Please correct any error in name, address, or ZIP Code)

YOUR RESPONSE IS REQUIRED BY LAW. Title 13, U.S. Code, requires businesses and other organizations that receive this questionnaire to answer the questions and return the report to the Census Bureau.

tem 1 SURVEY COVERAGE

This report covers all domestic locations operated by your company and its subsidiaries primarily engaged in providing residential care (except residential mental retardation facilities, residential health and substance abuse facilities, continuing care retirement communities, and homes for the elderly). Examples include boot or disciplinary camps (except correctional) for delinquent youth; child group foster homes; group homes for the hearing or visually impaired; halfway group homes for delinquents or ex-offenders; orphanages; etc. These locations also provide supervision and personal care services.

Does this firm have domestic locations providing one of the business activities described in the survey coverage above?

0001	1 ☐ Yes -	- Continue with Item 3
	2 No –	Specify your business activity and continue with Item 3, and complete as much of the survey form as possible.
	0002	

Item 2 NOT APPLICABLE TO THIS FORM

Mark (X) the one box which best describes the period covered by your report.

REPORT PERIOD

If the data reported are for a period other than the "calendar year," please enter the beginning and ending dates.

1 Calendar year – Go to Item 44	1 ☐ Calendar year – Go to Item 4A					
		0007				
2 ☐ Fiscal year \	From					
3 Less than 12 months∫		0008				
	T .					

2003

FORM SAS SF_P1A_03 (11-13-2003)

Item 3

Item 4A REVENUE									
Include revenue from individual patients and payers of insurance, etc.) for inpatient nursing care, and resident retirement communities, homes for the elderly, and of not billed separately. Deduct allowances for discounted expected. Include revenues from the sale of food and	tial n ther r s, bac	nental health and substanc residential care including ald d debts, and charity care fo	e abuse, conti Il associated se r which no pay	nuing ervices /ment	care s whet is rec	ther or eived o			
etc., if such operations are provided by this firm.				Kev		20	2003		
				code	Bil.	Mil.	Thou.	Dol.	
Total Operating Revenue Please refer to the enclosed instruction sheet before making y acceptable if a book figure is not available. Exclude intr	our ei	ntries. An estimate is npany transfers.		002					
Item 4B SOURCES OF FUNDING		tient Care Revenue Government reimbursement	for				200	3	
Report the percentage of total operating revenue reported	••	patient services	. 101			10	00		
in Item 4A from the sources listed at the right. Report whole percents.		a. Medicare						%	
		In Madiacid				10	101		
An estimate is acceptable if a book figure is not available Do not combine data for two or more detail lines.	•	b. Medicaidc. Other government (Vetera	ans, NIH, Indian	Affairs	, etc.) -	- 10)2	%	
Enter "0" in items where applicable.		Specify 2010							
Exclude intracompany transfers.								%	
Lines 1a through 1c — Government reimbursement for						10	03		
patient services (Medicare, Medicaid, and other government programs including veterans' programs). Include funding from the State Children's Health Insurance Program (SCHIP),	2.	2. Worker's compensation						%	
under Medicaid.	3.	3. Private insurance					04	%	
Line 3 — Private insurance and medical services plans	4. Patient out-of-pocket						13		
(Blue Cross/Blue Shield, group hospital plans, etc.) Include third party direct contract insurers, employer		a. Payment from patient and their families						%	
self-insured, and Medicare/Medicaid HMO payments. Exclude worker's compensation sources.		b. Patients' assigned Social Security benefits						%	
	5.	All other patient care sources classified — Specify 7 2001	not elsewhere			10	06		
Line 6 — All other sources (include percentage from all other government operating subsidies, matching funds, and government contracts).								0/	
	No	on-Patient Care Revenue						%	
NOTE — The sum of lines 1 through 6 should equal 100%. 6. All other sources (grants, subsidized funds, contributions, philanthropy, gift shop, cafeteria sales, parking lot receipts, florist receipts. etc.) − Specify [2002]						_			
		morror recorptor etc., "Opeon"	2002			10	07		
								%	
TOTAL – Sum of lines 1 through 6							100	0/0	
Item 4C E-COMMERCE RECEIPTS/REVENUE		Gam or mico i amou	9 0				100		
E-commerce includes sales and receipts from any trans electronic mail or other online system. Transactions are ownership of, or rights to use, goods or services. Paym online. Please see the General Instruction sheet for furt	e agr nent f :her c	eements between buyers a or these goods and service larification before completi	nd sellers to tres may	ansfer	r	е			
1. Did your firm have e-commerce receipts/revenue during 2	003?	0010	Month (i.e., Ju	ne=06) \	/ear (i.e	e., 2003=	=03)	
0011 1 Yes — Enter the date your firm began e-commerce		0010 s. —							
2 ☐ No — Continue to Item 4D.		L		Key		20	003		
				code	Bil.	Mil.	Thou.	Dol.	
 What was your firm's e-commerce receipts/revenue for 20 e-commerce receipts/revenue in Item 4A. Exclude sales to 	03? (I axes.)	nclude	——	005					

Item 4D TOTAL OPERATING EXPENSES						
Include annual payroll on a cash basis, employer's contributions to employee		14	2003			
benefits plans on a cash basis, cost of contract labor, materials and supplies,	An estimate is acceptable if a	Key code	Bil.	Mil.	Thou.	Dol.
fuels for motor vehicles, purchased services, insurance, depreciation, taxes and licenses, bank charges associated with maintaining accounts, investment and	book figure is not available.					
brokerage fees, credit card transaction fees, royalties, and all other operating expenses.	TOTAL OPERATING EXPENSES	003				
Item 4E SELECTED EXPENSES						
1. Cost of Contract Labor	An estimate is acceptable if a book figure is not available.	Key		20	03	
Line 1 - Report payments made to suppliers for leased employees and	Include only purchases from	code	Bil.	Mil.	Thou.	Dol.
temporary help such as office workers, provided they are not on your payroll , but are supervised by your firm. Exclude payments for services of persons supervised by the supplying firm, such as legal, accounting, janitorial, security, and building maintenance services.	external vendors. Exclude capitalized costs.					
2. Expensed Materials and Supplies (not for resale)						
Line 2a – Report the cost of expensed computer hardware and packaged software. Include hardware such as servers, CPUs, monitors, and network						
devices; computer software purchased under licensing agreements, and	1. Cost of Contract Labor	1287				
computer software license fees; and other expensed business equipment, such as copiers, fax machines, and telephones. Exclude leased and/or rented equipment.	2. Expensed Materials and Supplies (not for resale)					
Line 2b – Report the cost of expensed materials, parts, and supplies, which are used as part of the services you provide. Include office and janitorial supplies,	a. Computer and other business equipment and supplies (including					
small tools, computer-related supplies (such as cartridges and computer paper),	packaged software)	1299				
packaging and containers, and medical supplies. Exclude fuels for motor vehicles, and leased and/or rented materials, parts, and supplies.	b. Other materials, parts,					
3. Expensed Purchased Services	and supplies	1300				
Line 3a – Report the cost of expensed custom coded software. Include	3. Expensed Purchased Services					
computer-related services such as adaptation of off-the-shelf software, system design and support services, web design, and web hosting. Exclude	a. Custom coded software					
computer-related communications costs.	(including adaptation of off-the-shelf software) and					
Line 3b – Report the cost of data processing, computer consulting, and other purchased computer services. Include computer input preparation, data	system design and	1302				
storage, computer time rental, microfilm imaging, and optical scanning services. Exclude payroll processing, credit card transaction fees, and fees for the	support services	1302				
management and operation of your data processing facilities.	b. Data processing and other	4000				
Line 3c – Report the cost of telephone, cellular, pagers, and fax services; and computer-related communications such as Internet, connectivity, on-line, and	purchased computer services	1303				
other communication services.	c. Purchased communication	4000				
Line 3d – Report the cost of purchased electricity. If electricity is included in a lease or rental payment, report these costs below.	services	1282				
Line 3e – Report the cost of purchased fuels for heating, power, and generating	d. Purchased electricity	1283				
electricity. Include the cost of natural gas. If the cost of fuels are included in a lease or rental payment, report these costs below.	ar i dionasca dicomony	1200				
Line 3f - Report the cost of administrative and professional services such as	e. Purchased fuels (except motor fuels)	1304				
management consulting, legal, accounting, auditing, bookkeeping, actuarial, payroll processing, marketing, advertising, architectural, engineering, and fees for						
the management and operation of your data processing facilities.	f. Purchased management					
Line 3g - Report lease and rental costs for land, buildings, offices, structures,	consulting, administrative services, other professional services	1305				
machinery, and equipment. Include lease and rental of transportation equipment without operators; and penalties incurred for broken leases. Exclude	Other professional services	1305				
payments by your firm to your parent company or organization (or any of its subsidiaries) for use of assets owned by them and installment payments for	g. Lease and rental payments	807				
assets obtained through capital lease agreements.	B. Bufassiand Bakilla issuessa	4005				
Line 3h – Report the cost of professional liability insurance. Include professional liability insurance premiums and amounts set aside for	h. Professional liability insurance i. All other purchased services –	1365 1307				
self-insurance.	Specify 🖟					
Line 3i – Include purchased transportation (with operators); travel and lodging; shipping and warehousing; postage and package delivery; water, sewer,						
and refuse removal; janitorial, security, parking, and grounds maintenance; purchased repair and maintenance; and all other purchased services. Exclude						
payroll, employer's contributions to employee benefits plans, fuels for motor vehicles, insurance, depreciation, taxes and licenses, bank charges associated						
with maintaining accounts, investment and brokerage fees, and credit card transaction fees.						

lten	า 5	NUMBER OF	LOCATION	S					2003 Number	
									0012	
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a.	Name of owning or controlling company Does another firm own more than									
	the pov	ent of the voting ver to control the	e manageme	ve Nu nt	mber and street					
	and pol	icies of this com	pany?	Cit	y, State, and ZIP Code					
0013	0013 1 Yes									
	2 L N						EIN —			
		firm acquire or		0017	Name of company a	equired or merge	ed with			
	anotne	company durin	g 2003?	Nu	mber and street					
001	J —			011	0					
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	To see the results of the 2002 Service Annual Survey, go to the following website: www.census.gov/econ/www/servmenu.html									

SERVICE ANNUAL SURVEY GENERAL INSTRUCTIONS

Your report should be completed and returned in the preaddressed envelope provided on or before the due date. If the report does not appear to apply to your kind of business or activity, describe your business or activity in Item 1 and complete the remainder of the form as accurately as possible.

If filing within the required time frame will cause an undue burden and you would like an extension, or if you have any questions, please write to the

U.S. Census Bureau 1201 East 10th Street Jeffersonville, IN 47132-0001

or call our Census Bureau representative in Jeffersonville, Indiana at 1–800–772–7851, weekdays from 8:30 a.m. to 5:00 p.m., eastern time.

Always include your identification number, located in the address label, in any correspondence.

IF BOOK FIGURES ARE NOT AVAILABLE, ESTIMATES ARE ACCEPTABLE.

Please read all instructions before making your entries.

Report data for the calendar year specified. If calendar year records are not available, we will accept fiscal year data. Please note, however, that we prefer estimates for the calendar year to book figures covering a different time period. Report all values in dollars (omit cents). Enter "0" in items where appropriate. Please do not combine data for two or more items.

For location(s) sold or acquired during the year specified, report only for the period that the locations were operated by this firm.

SPECIFIC INSTRUCTIONS

Taxable Firms Revenue

Report revenue for all services rendered and any sales of merchandise for the calendar year specified, even though payment may have been received at a later date. Firms operating on a commission basis should report commissions, fees, and other operating income, not gross billings or sales.

Include -

- Total value of service contracts.
- Amounts received for work subcontracted to others.
- Market value of compensation in lieu of cash.
- Revenue from services performed by domestic locations for FOREIGN parent firms, subsidiaries, branches, etc.
- Dues and assessments from members and affiliates.

Exclude -

- Taxes (sales, amusement, occupancy, use, or other) collected directly from customers or clients and paid directly to a local, State, or Federal tax agency.
- Revenue from a domestic parent organization, or from franchise locations owned by others and any franchise or license fees.
- Rents from and revenue of separately operated departments, concessions, etc., which are leased to others.
- Revenue from customers for carrying or other credit charges.
- Commissions from vending machine operators.
- Revenue of foreign subsidiaries (those located outside the U.S., i.e., outside the 50 states, District of Columbia, U.S. Commonwealth Territories, or U.S. Possessions).
- Nonoperating revenue such as income from investments, sales of company-owned real estate (land and building), or other assets, (except inventory held for resale), securities, gifts, loans, contributions, royalties, or grants.
- Revenue from the sale of used equipment.
- Installment payments from leasing under capital, finance, or full-payout leases.
- Intracompany transfers.
- Interest income.

SERVICE ANNUAL SURVEY SPECIFIC INSTRUCTIONS – Continued

Tax-Exempt Firms

Revenue

Except for firms operating on a commission basis, report revenue for all services rendered and any sales of merchandise for the calendar year specified, even though payment may have been received at a later date. Firms operating on a commission basis should report commissions, fees, and other operating income, not gross billings or sales.

Include -

- Program service revenue for services provided in 2003, whether or not payment was received in 2003.
- Gross sales of merchandise, minus returns and allowances.
- Income from interest, dividends, gross rents (including display space rentals and share of receipts from departments operated by other companies), royalties, and other investments.
- Net gains (or losses) from the sale of real estate (land and buildings), investments, or other assets (except inventory held for resale).
- Gross contributions, gifts, and grants (whether or not restricted for use in operations).
- Dues and assessments from members and affiliates.
- Commissions earned from the sale of merchandise owned by others (including commissions from vending machine operators).
- Gross receipts from fundraising activities.

Exclude -

- Sales and other taxes collected directly from customers or clients and paid directly to a local, State, or Federal tax agency.
- Gross receipts of departments or concessions operated by other companies.
- Amounts transferred to operating funds from capital or reserve funds.

Expenses

Report costs incurred during the survey year specified even though payments may have been made at a later date.

Include -

- Payroll and employee benefits.
- Interest and rent expenses.
- Supplies used for operating your business, cost of merchandise sold, and other expenses allocated to operations during the year.
- Contracted or purchased services.
- Fees paid to other organizations for fundraising.
- Depreciation expenses.
- Expenses of locations providing support services (e.g., repair services, administrative services, etc.) for your service establishments.

Exclude -

- Sales and other taxes collected directly from customers or clients and paid directly to a local, State, or Federal tax agency.
- Outlays for the purchase of real estate (land and buildings); for construction; for additions, major alterations, and improvements to existing facilities; and all other capital expenditures.
- Funds invested.
- Income taxes.
- Assessments (dues) paid to the parent or other chapters of the same organization.
- For firms engaged in raising funds Funds which are transferred to charities or other organizations.

All Firms

E-commerce Revenue

(In the following instructions, online refers to any transaction completed over an Internet, extranet, EDI network, electronic mail or other online system.)

Include -

- Revenue from online orders for goods or services placed by a buyer.
- Revenue from online services provided where charges are based on the usage of those services (e.g., commissions or fees from use of computerized reservation systems, financial transaction processing systems, etc.)
- Commissions or fees from the trading of securities or the sale of other financial products online (e.g., insurance, loans, etc.).
- Commissions or fees from selling or from facilitating the sale of third party products (e.g., click-through including referral fees) through your company's Web site.
- Revenue from orders or contracts negotiated online with a buyer and seller on the price and terms for transferring ownership or the rights to use goods or services.
- Revenue from telephone transactions using interactive voice response systems.

Exclude - revenue from:

- Online billings where the order or contract was not negotiated online.
- Delivery of services online where the order or contract was not negotiated online.
- Provision of telecommunications and related infrastructure systems (e.g., data transfer, Web hosting, Internet access) where the order or contract for such services was not negotiated online.
- Orders for goods or services placed by facsimile machine or over switched telephone network.